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**FAX TRANSMISSION****DATE:** April 4, 2007**PTO IDENTIFIER:** Application Number 10/516,809-Conf. #7310  
Patent Number**Inventor:** Mahmud A. Siddiqi et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP  
Jonathan M. Sparks, Ph.D.**PHONE:** (617) 439-4444**Attorney Dkt. #:** 59200(71699)**PAGES (Including Cover Sheet):** 12**CONTENTS:** Certificate of Transmission (1 page)  
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Amendment (8 pages)  
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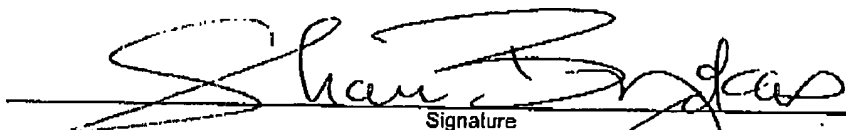
Application No. (if known): 10/516,809

Attorney Docket No.: 59200(71699)

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Amendment Transmittal (1 page)

Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Amendment (8 pages)

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AMENDMENT TRANSMITTAL LETTER				Docket No. 59200(71699)	
Application No. 10/516,809-Conf. #7310		Filing Date July 28, 2005		Examiner O. Gabor	Art Unit 2884
Applicant(s): Mahmud A. Siddiqi et al.					
Invention: USE OF A NIGHT-VISION INTENSIFIER FOR DIRECT VISUALIZATION BY EYE OF FAR-RED AND NEAR-INFARED FLUORESCENCE THROUGH AN OPTICAL MICROSCOPE					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims		- 20 =		x	
Independent Claims		- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month				510.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>				510.00	
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-1105</u> in the amount of \$ <u>510.00</u>					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Jonathan M. Sparks, Ph.D. Attorney/Agent Reg. No.: 53,624				Dated: <u>April 4, 2007</u>	
EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 439-4444					

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